



DESCRIPTION OF COVERAGE

International Air Flight

G-AFI10

UNDERWRITTEN BY GENERALI US BRANCH,

A Stock Company

Master Policy Number: TMP100010

This Description of Coverage does not amend, extend or alter the coverage afforded by the insurance policy.

This Description of Coverage may describe more travel insurance benefits than purchased by you. As insurance benefits can vary from program to program, please refer to the Schedule of Benefits. It provides you with specific information about the program you have purchased.

Notice to residents of NY & WA: This document is for informational purposes only. To obtain your state specific insurance policy please call (800) 551-9242 or visit <http://www.csatravelprotection.com/certpolicy.do>.

FOR COVERAGE INQUIRIES OR CUSTOMER SERVICE CALL:
(800) 551-9242

PARA ASISTENCIA EN ESPANOL, FAVOR DE LLAMAR AL:
(800) 318-0179

FOR EMERGENCY ASSISTANCE 24H A DAY DURING YOUR TRIP, CALL:

IN THE U.S.
(866) 922-0278

COLLECT WORLDWIDE
(202) 974-6480

The coverage applies to the Trip arrangements booked through the company from which you purchased the coverage.

T001DOC01NW (05/11)

IMPORTANT NOTICE:

This plan does not apply to the extent any US, UN or EU economic or trade sanctions, or other laws or regulations, prohibit Generali Global Assistance from providing insurance, and related services, including, but not limited to, the payment of any claims. Any expenses incurred or claims made involving travel, or travel related services that are in violation of such sanctions, laws or regulations will not be covered under this plan. Any coverage provided under this plan in violation of any US, UN or EU economic or trade sanctions, or other laws or regulations, shall be null and void. To learn more please visit the US Treasury's website at www.treasury.gov/resource-center/sanctions.

T001NO01.01 (05/18)

SCHEDULE OF BENEFITS AND PREMIUM SCHEDULE

Program Code:

G-AFI10

Description of Coverage Number:

24040X04J8

Plan Cost:

\$135.43

Policyholder:

Rene Apelo

Address:

Electronic Fulfillment - Address not applicable

Effective Date of Coverage:

Trip Cancellation: Feb 09, 2024

All other Coverages: May 29, 2024

Coverage end dates:

Trip Cancellation: May 29, 2024

All other Coverages: Jul 18, 2024

INSURANCE COVERAGE

SCHEDULE OF BENEFITS

Coverage	Maximum Limit Per Person	Maximum Limit Per Plan
Trip Cancellation	100% of Trip Cost Insured	
Trip Interruption	100% of Trip Cost Insured	
Travel Delay (\$150 Per Person Daily Limit Applies)	\$1,500	\$15,000
Baggage Coverage Per Item	\$1,000 \$250	\$10,000 \$2,500
Baggage Delay	\$300	\$3,000
Accidental Death and Dismemberment - Air Flight Accident	\$50,000	\$250,000
Medical and Dental Emergency Dental Expense Limit	\$50,000 \$500	\$250,000 \$5,000
Emergency Assistance and Transportation (\$10,000 Limit Applies For Companion Hospitality Expenses)	\$100,000	\$500,000

15-DAY RIGHT TO EXAMINE YOUR DESCRIPTION OF COVERAGE

If you are not satisfied for any reason, you may cancel coverage under the policy within 15 days after receipt. Your premium payment will be refunded, provided that there has been no incurred covered expense and you have not left on your Trip. Return the Description of Coverage to us at the Program Administrator's office or our authorized agent. When so returned, the Description of Coverage is void from the beginning. After this 15-day period, the payment for this coverage is nonrefundable.

DEFINITIONS

"you", "your" and "yours" refer to the Insured. "we", "us" and "our" refer to the company providing this coverage. In addition, certain words and phrases are defined as follows:

ACCIDENT means a sudden, unexpected, unintended and external event, which causes Injury.

ACCOMMODATION means any establishment used for the purpose of temporary overnight lodging for which a fee is paid and reservations are required.

ACTUAL CASH VALUE means purchase price less depreciation.

ADOPTION PROCEEDING means any mandatory meeting as a condition of law requiring the attendance of the prospective adoptive parent(s) with the intent to create a legal parent-child relationship.

AIR FLIGHT ACCIDENT means an Accident that occurs while a passenger in or on, boarding or alighting from an aircraft of a regularly scheduled airline or an air charter company that is licensed to carry passengers for hire.

BAGGAGE means luggage, personal possessions and travel documents taken by you on your Trip.

COMMON CARRIER means any land, water or air conveyance, with scheduled and published departure and arrival times, operated under a license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

DOMESTIC PARTNER means a person who is at least eighteen years of age and you can show: (1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; (2) evidence of cohabitation for at least the previous 6 months; and (3) an affidavit of domestic partnership if recognized by the jurisdiction within which you reside.

ELECTIVE TREATMENT AND PROCEDURES means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by us to be research or experimental or that is not recognized as a generally accepted medical practice.

EPIDEMIC means an outbreak of a contagious illness or disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention.

FAMILY MEMBER means

- Traveling Companion(s)
- Insured's or Traveling Companion's Spouse
- Insured's, Traveling Companion's or Spouse's:
 - child;
 - parent;
 - sibling;
 - grandparent, great-grandparent, grandchild or great-grandchild;
 - step-parent, step-child or step-sibling;

- son-in-law or daughter-in-law;
- brother-in-law or sister-in-law;
- aunt or uncle;
- niece or nephew;
- legal guardian;
- foster child or legal ward.

FINANCIAL INSOLVENCY means the total cessation or complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services which is duly licensed in the jurisdiction of operation other than the entity or the person, organization, agency or firm from whom you directly purchased or paid for your Trip, provided the Financial Insolvency occurs more than 14 days following your effective date for the Trip Cancellation Benefits. There is no coverage for the total cessation or complete suspension of operations for losses caused by fraud or negligent misrepresentation by the supplier of travel services.

HOME means your primary or secondary residence.

HOSPITAL means an institution that meets all of the following requirements: (1) it must be operated according to law; (2) it must give 24-hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis; (3) it must provide diagnostic and surgical facilities supervised by Physicians; (4) registered nurses must be on 24-hour call or duty; and (5) the care must be given either on the hospital's premises or in facilities available to the hospital on a prearranged basis. A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

HOST means the person with whom you are scheduled to share pre-arranged overnight accommodations in his/her principal place of residence.

INJURY means bodily harm caused by an Accident which requires the in-person examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

INSURED means the person named on the application form, for whom the required premium payment is received and a Trip is scheduled and any eligible Traveling Companions who share the same Accommodation with the person enrolled and for whom the required premium payment is received.

INSURER means Generali US Branch. Generali US Branch operates under the following names:

In California: Generali Assicurazioni Generali S.p.A. (U.S. Branch)

In Virginia: The General Insurance Company of Trieste and Venice – U.S. Branch

OTHER VALID AND COLLECTIBLE HEALTH INSURANCE means any policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes, but is not limited to, group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a covered expense.

PANDEMIC means an Epidemic over a wide geographic area that affects a large portion of the population.

PAYMENTS means the cash, check, and/or credit card amounts paid for your Trip, including but not limited to reservation costs, timeshare exchange fees, ownership dues (not including the cost of your vacation ownership) and maintenance fees. Payments also include the units of currency purchased from a travel or vacation club to be used as valuation in payment for arrangements and to access travel arrangements (including but not limited to points, credits or other values). Such currency units must be used in accordance with travel or vacation club rules and must be for travel under a membership or for a deeded real estate product. In the case of currency units, we reserve the right to replace, restore or replenish your currency units in lieu of reimbursement.

PHYSICIAN means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or a Family Member of yours.

PORT OF CALL means a city or town on a waterway with facilities for loading and unloading cargo where a ship is scheduled to dock, not including the ports of embarkation and disembarkation.

PRE-EXISTING CONDITION means a Sickness or Injury during the 90-day period immediately prior to your effective date for which you or your Traveling Companion: (1) received, or received a recommendation for, a diagnostic test, examination, or medical treatment; or (2) took or received a prescription for drugs or medicine. Item 2 of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs

or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 90-day period before coverage is effective under this Policy.

PROGRAM ADMINISTRATOR means CSA Travel Protection

QUARANTINE means the enforced isolation of you or your Traveling Companion, for the purpose of preventing the spread of illness, disease or pests.

SCHEDULED DEPARTURE DATE means the date on which you are originally scheduled to leave on your Trip.

SCHEDULED RETURN DATE means the date on which you are originally scheduled to return to the point where the Trip started or to a different final destination.

SCHEDULED TRIP DEPARTURE CITY means the city where the scheduled Trip on which you are to participate originates.

SERVICE ANIMAL means any guide dog, signal dog, or other animal individually trained to work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding persons with impaired vision, alerting persons with impaired hearing to intruders or sounds, providing animal protection or rescue work, pulling a wheelchair, or fetching dropped items.

SICKNESS means an illness or disease of the body that requires in-person examination and treatment by a Physician.

SPORTING EQUIPMENT means equipment and devices needed to participate in a particular sport, taken by you for use on your Trip, excluding any items defined as Baggage within this Policy.

SPOUSE means your legally wed husband/wife or Domestic Partner as defined by this Policy.

TERRORIST ACT means an act of violence, other than civil disorder or riot, (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

TRAVELING COMPANION means a person who, during the Trip, will accompany you in the same accommodations.

TRIP means:

A period of round-trip travel at least 100 miles away from Home to your designated vacation destination associated with the purchase of this insurance, excluding regular commuting and local travel; the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Trip has defined departure and return dates specified when you purchase the coverage;

the Trip does not exceed 180 days in length; or

A period of one-way travel that starts in the U.S. or Canada (except U.S. citizens may begin their Trip outside the U.S., if returning to the U.S.); the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Trip has defined departure and arrival dates and defined departure and arrival places specified when you apply; and the Trip does not exceed 31 days in length.

UNINHABITABLE means the dwelling is not suitable for human occupancy in accordance with local public safety guidelines.

USUAL AND CUSTOMARY CHARGE means those charges: (1) for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature; (2) that do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed. In no event will Usual and Customary Charges exceed the actual amount charged.

GENERAL EXCLUSIONS

1. We will not pay for any loss under this Policy, caused by, or resulting from:

- a. your or your Traveling Companion's suicide, attempted suicide, or intentionally self-inflicted injury;
- b. mental, nervous, or psychological disorders of you or your Traveling Companion;
- c. you or your Traveling Companion being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- d. normal pregnancy or resulting childbirth, elective abortion or fertility treatment of you or your Traveling Companion;
- e. your or your Traveling Companion's participation as a professional in athletics;
- f. you or your Traveling Companion riding or driving in any motor competition;
- g. you or your Traveling Companion operating or learning to operate any aircraft, as pilot or crew;
- h. you or your Traveling Companion mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing, caving, extreme skiing, heli-skiing, skiing outside marked trails, boxing, full contact martial arts, scuba diving below 120 feet (40 meters) or without a dive master, or travel on any air-supported device, other than on a regularly scheduled airline or air charter company;
- i. your or your Traveling Companion's Elective

Treatment and Procedures;

- j. your or your Traveling Companion's medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
- k. declared or undeclared war, or any act of war;
- l. nuclear reaction, radiation or radioactive contamination;
- m. any unlawful acts, committed by you or your Traveling Companion;
- n. any amount paid or payable under any Worker's Compensation, disability benefit or similar law;
- o. a loss or damage caused by detention, confiscation or destruction by customs or any governmental authority, regulation or prohibition;
- p. travel restrictions imposed for a certain area by governmental authority;
- q. Financial Insolvency of the person, organization or firm from whom you directly purchased or paid for your Trip, Financial Insolvency which occurred, or for which a petition for bankruptcy was filed by a travel supplier, before your effective date for the Trip Cancellation Benefits, or Financial Insolvency which occurs within 14 days following your effective date for the Trip Cancellation Benefits;
- r. Pandemic and/or Epidemic;
- s. a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when coverage is not in effect for you;
- t. any issue or event that could have been reasonably foreseen or expected when you purchased the coverage.

The following exclusion applies to the Medical and Dental Coverage and Emergency Assistance and Transportation coverages:

We will not pay for loss caused by or resulting from service in the armed forces of any country.

The following exclusion applies to the Medical and Dental, Trip Cancellation, Trip Interruption, and Travel Delay coverages:

We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in the Definitions section, including death that results therefrom.

This Exclusion does not apply provided you meet the following requirements:

- a. coverage is purchased prior to or within 48 hours of your initial deposit; and
- b. you are medically able to travel at the time the

coverage is purchased; and

- c. you insure 100% of your prepaid Trip costs booked through the supplier from whom you purchased this coverage that are subject to cancellation penalties or restrictions.

The following exclusion applies to the Emergency Assistance and Transportation, Medical and Dental, Trip Cancellation and Trip Interruption coverages:

- a. civil disorder

The following exclusion applies to the Emergency Assistance and Transportation, Medical and Dental, Trip Cancellation, Trip Interruption and Travel Delay coverages:

- a. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements other than Financial Insolvency.

CLAIMS PROVISIONS

Notice of Claim

We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and sufficient information to identify him or her.

Proof of Loss

Written Proof of Loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written Proof of Loss within the time allowed. In any event, you must give us written Proof of Loss within twelve (12) months after the date the loss occurs unless you are medically or legally incapacitated.

Your Duty to Cooperate

You must provide us with receipts, proof of payment, medical authorizations, or other records and documents we may reasonably require concerning your claim. Failure or refusal to cooperate may delay or impede the resolution of your claim.

Physical Examination and Autopsy

At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law or your religion forbids it.

Legal Actions

No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been given. No such action will be brought after three years from the time written Proof of Loss is required to be given. If a time limit of the Policy is less than allowed by the laws of the state where you live, the limit is extended to meet the

minimum time allowed by such law.

Payment of Claims

Benefits for loss of life will be paid to your estate, or if no estate, to your beneficiary. All other benefits are paid directly to you, unless otherwise directed. In the event you assign your benefits under this Policy to another party, any and all claim benefits will be distributed accordingly. Any accrued benefits unpaid at your death will be paid to your estate, or if no estate, to your beneficiary. If you have assigned your benefits, we will honor the assignment if it has been filed with us. We are not responsible for the validity of any assignment.

TRAVEL INSURANCE IS UNDERWRITTEN BY
Generali US Branch

Policy Form series T001

WHERE TO PRESENT A CLAIM

All claims should be presented to the Program Administrator:

CSA Travel Protection
P. O. Box 939057
San Diego, CA 92193-9057
(800) 541-3522 (Toll-Free)

Our Right to Recover and Subrogate from Others

We have the right to recover any payments we have made from anyone who may be responsible for the loss, as permitted by law. You and anyone else we insure must sign any papers, and do whatever is necessary to transfer this right to us. You and anyone else we insure will do nothing after the loss to affect our right.

GENERAL PROVISIONS

CANCELLATION BY US

You have purchased single pay, single term, non-renewable insurance coverage. We have no unilateral right to cancel this coverage after it became effective.

CONCEALMENT OR FRAUD

We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to this coverage.

DUPLICATION OF COVERAGE

You may be covered under only one travel policy with us for each Trip. If you are covered under more than one such policy, the policy with the higher coverage limit will remain in effect and the maximum benefit limit as stated in the Schedule of Coverage of such policy will be the maximum benefit payable in the event a claim occurs. In the event claim payment has been made under the duplicate policy, premiums paid less claims paid will be refunded for the duplicate coverage that does not remain in effect.

ENTIRE CONTRACT: CHANGES

The Policy may be changed at any time by written agreement between us. Only our President, Vice President or Secretary may change or waive the provisions of the Policy. No agent or other person may change the Policy or waive any of its terms. The change will be endorsed on the Policy.

TRANSFER OF THE INSURED'S RIGHTS AND DUTIES UNDER THIS POLICY

The Insured's rights and duties may not be transferred without our written consent except: 1) in the case of death of an individual named Insured, or 2) at our option, we will honor an assignment of rights if a properly executed assignment of rights has been filed with us.

ELIGIBILITY AND EFFECTIVE DATES

Who is Eligible for Coverage

Coverage will be provided for all travelers, provided the required premium payment has been received by us or our authorized agent, and provided the person is a resident of the United States of America, or a non-resident who has purchased the coverage in the United States of America.

When Coverage Begins

All coverages (except Trip Cancellation and Trip Interruption) will take effect on the later of:

1. the date the premium payment has been received by us; or
2. the date and time you start your Trip; or
3. 12:01 A.M. local time at your location on the Scheduled Departure Date of your Trip.

Trip Cancellation coverage will take effect at 12:01 A.M. local time at your location on the day after the date your premium payment is received by us or our authorized agent. Trip Interruption coverage will take effect on the Scheduled Departure Date of your Trip if the required premium payment is received.

When Coverage Ends

Your coverage automatically ends on the earlier of:

1. the date the Trip is completed; or
2. the Scheduled Return Date; or
3. your arrival at the return destination on a round trip, or the destination on a one-way trip; or cancellation of the Trip covered by the Policy.

Extension of Coverage

All coverages under the Policy will be extended if your entire Trip is covered by the Policy and your return is delayed by unavoidable circumstances beyond your control. If coverage is extended for the above reasons, coverage will end on the earlier of the date you reach your originally scheduled return destination or seven (7) days

after the Scheduled Return Date.

No coverage is in effect for any Trip that is made by mass transit, taxi, limousine service, personal automobile, bus, commuter rail or airline service including inter-urban rail service, unless the Trip is scheduled to take you at least 100 miles from your primary residence and includes an overnight stay at the destination of your Trip.

T001TC01.01DOC (05/11)

**ACCIDENTAL DEATH AND DISMEMBERMENT
– AIR FLIGHT ACCIDENT**

We will pay this benefit, up to the amount on the Schedule, if you are injured in an Air Flight Accident, which occurs while you are on a Trip, and covered under the Policy, and you suffer one of the losses listed below within 365 days of the Air Flight Accident. The principal sum is the benefit amount shown in the Schedule.

Loss:	Percentage of Principal Sum Payable:
Life	100%
Both Hands; Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
One Hand; One Foot or Sight of One Eye	50%

If you suffer more than one loss from one Air Flight Accident, we will pay only for the loss with the larger benefit. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

Exposure and Disappearance
If by reason of an Air Flight Accident covered by the Policy, you are unavoidably exposed to the elements and as a result of such exposure suffer a loss for which benefits are otherwise payable; such loss shall be covered hereunder. If you are involved in an Air Flight Accident which results in the sinking or wrecking of a conveyance in which you were riding and your body is not located within one year of such Air Flight Accident, it will be presumed that you suffered loss of life resulting from Injury caused by the Air Flight Accident.

Exclusions
We will not pay for loss caused by or resulting from:

- 1. Sickness of any kind;
- 2. service in the armed forces of any country.

T001BR01.01NW (05/11)

BAGGAGE COVERAGE

We will reimburse you, up to the amount shown in the Schedule, less any amounts payable under your homeowner's or renter's insurance, for direct loss, theft, damage or destruction of your Baggage, passports or visas during your Trip, provided you have taken reasonable steps to protect your Baggage against loss, theft, damage and destruction. Under this coverage, we will also provide benefits for the administrative fees to reissue lost, stolen or damaged tickets, visas or passports. We will also pay for loss due to unauthorized use of your credit cards, if you have complied with all of the credit card conditions imposed by the credit card companies.

Valuation and Payment of Loss
Payment of loss under the Baggage Benefit will be calculated based upon an Actual Cash Value basis. For items without receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss. At our option, we may elect to repair or replace your Baggage.

We may take all or part of damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, we will:

- 1. repair or replace any part to restore the pair or set to its value before the loss; or
- 2. pay the difference between the value of the property before and after the loss.

Covered losses for Baggage will be subject to a per article maximum payable, as listed in the Schedule. A combined maximum listed in the Schedule will be paid for jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, articles made in whole or in part of fur, electronic devices, cameras and their accessories and related equipment.

Continuation of Coverage
If the covered Baggage, passports or visas are in the custody of a Common Carrier, and delivery is delayed, this coverage will continue until the property is delivered to you. This continuation of coverage does not include loss caused by or resulting from the delay.

Items Not Covered
We will not pay for damage to or loss of:

- 1. animals; or
- 2. Business Equipment, Sporting Equipment, household furniture, musical instruments, brittle or fragile articles; or
- 3. boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances or equipment, or parts for such conveyances; or
- 4. artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces,

- retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses; or
- 5. documents or tickets (except for administrative fees required to reissue tickets, as noted above); or
- 6. money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps or credit cards, except as noted above; or
- 7. property shipped as freight or shipped prior to the Scheduled Departure Date; or
- 8. telephones, computer hardware or software; or
- 9. consumables, medicines, perfumes, cosmetics and perishables; or
- 10. items seized by any government, government official or customs official; or
- 11. illegal drugs and contraband.

Losses Not Covered
We will not pay for loss arising from:

- 1. defective materials or craftsmanship; or
- 2. normal wear and tear, gradual deterioration, inherent vice; or
- 3. rodents, animals, insects or vermin; or
- 4. mysterious disappearance; or
- 5. electrical current, including electric arcing that damages or destroys electrical devices or appliances.

Your Duties in the Event of a Loss
In case of loss, theft or damage to Baggage, you must:

- 1. immediately report the incident to the hotel manager, tour guide or representative, transportation official, local police or other local authorities and obtain their written report of your loss; and
- 2. take reasonable steps to protect your Baggage from further damage, and make necessary, reasonable and temporary repairs. We will reimburse you for these expenses. We will not pay for further damage if you fail to protect your Baggage.

T001BR03.01NW (05/11)

BAGGAGE DELAY COVERAGE

We will reimburse you, up to the amount shown in the Schedule, for the cost of reasonable additional clothing and personal articles purchased by you, if your Baggage is delayed for 3 hours or more during your Trip. We will reimburse you up to the amount shown in the Schedule for expenses incurred during your Trip to locate/track your delayed Baggage, and to retrieve your delayed Baggage or to have your delayed Baggage delivered to you. We will also reimburse you for the cost to launder your clothing during the time your Baggage is delayed.

Limitations

This coverage terminates when your Baggage is retrieved or returned to you, or upon your arrival at the return destination of your Trip, whichever occurs first.

T001BR04.01NW (05/11)

EMERGENCY ASSISTANCE AND TRANSPORTATION

We will pay this benefit, up to the amount on the Schedule, for the following Covered Expenses incurred by you, subject to the following:

- 1. Covered Expenses will only be payable at the Usual and Customary level of payment; and
- 2. Benefits will be payable only for covered expenses listed below resulting from a Sickness that first manifests itself or an Injury that occurs while on a Trip; and
- 3. Benefits payable as a result of incurred covered expenses will only be paid after benefits have been paid under any Other Valid and Collectible Health Insurance in effect for you. We will pay that portion of covered expenses, which exceeds the amount of benefits payable for such expenses under your Other Valid and Collectible Health Insurance.

Covered Expenses:

- 1. Expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available, subject to prior approval by us or our authorized agent;
- 2. Expenses incurred for non-emergency repatriation, including medically appropriate transportation and medical care en route, to a Hospital or to your place of residence in the United States of America, when deemed medically necessary by the attending physician, subject to prior approval by us or our authorized agent. In lieu of returning to your place of residence, you may opt to be returned to a different city in the United States if proper care for your condition is not available;
- 3. Expenses for transportation (not to exceed the cost of one round-trip economy-class air fare, to the place of hospitalization), and expenses for reasonable hotel accommodations, meals, telephone calls and local transportation for one person chosen by you up to the amount in the Schedule, provided that you are traveling alone and are hospitalized for more than 7 days;
- 4. Expenses for transportation, not to exceed the cost of one-way economy-class air fare, to your place of residence in the United States of America, including escort expenses, if you are 17 years of age or

- younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to prior approval by us or our authorized agent;
- 5. Expenses for one-way economy-class air fare (or first class, if your original tickets were first class) to your place of residence in the United States of America, from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in the plan;
- 6. Repatriation expenses for preparation and air transportation of your remains to your place of residence or a funeral home in the United States of America, or up to an equivalent amount for a local burial in the country where death occurred, if you die while outside the United States of America.

T001BR05.01NW (05/11)

MEDICAL AND DENTAL COVERAGE

We will pay this benefit, up to the amount on the Schedule, for the following covered expenses incurred by you, subject to the following:

- 1. Covered expenses will only be payable at the Usual and Customary level of payment; and
- 2. Benefits will be payable only for covered expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Trip; and
- 3. Benefits payable as a result of incurred covered expenses will only be paid after benefits have been paid under any Other Valid and Collectible Health Insurance in effect for you. This coverage is in excess to any other health insurance you have available to you at the time of the loss. You must submit your claim to that provider first. Any benefits you receive from your primary or supplementary insurance providers will be deducted from your claim with us.

Covered Expenses:

- 1. Expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services, incurred by you while on your Trip; and
- 2. Expenses for emergency dental treatment incurred by you during a Trip up to the amount in the Schedule.

Your duties in the event of a Medical or Dental Expense:

- 1. You must provide us with all bills and reports for medical and/or dental expenses claimed.
- 2. You must provide any requested information related to the claimed expense(s), including but not

limited to, an explanation of benefits from any other applicable insurance.

- 3. You must sign a patient authorization to release any information required by us, to investigate your claim.

Please refer to the Definitions, for an explanation of Pre-Existing Conditions, which are excluded under the Medical or Dental Expense Benefits.

Coordination of Benefits

If you reside in CT, ID, IL, and excess coverage for Medical and Dental Expense Benefits is not permitted, then coordination of benefit provisions in accordance with the laws and regulations in your state will apply in lieu of the excess coverage provisions.

Coordination of Benefits

1. Applicability

- A. This Coordination of Benefits (“COB”) provision applies to This Policy when you or your covered dependent has health care coverage under more than one Policy. “Policy” and “This Policy” are defined below.
- B. If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Policy are determined before or after those of another policy. The benefits of This Policy:
 - i. Will not be reduced when, under the order of benefit determination rules, This Policy determines its benefits before another Policy; but
 - ii. May be reduced when, under the order of benefit determination rules, another policy determines its benefits first.

2. Definitions

- A. “Policy” is any of these which provides benefits or services for, or because of, medical or dental care or treatment:
 - i. Policy will include:
 - 1. group insurance and group subscriber contracts;
 - 2. uninsured arrangements of group or group type coverage;
 - 3. group or group type coverage through HMOs and other prepayment, group practice and individual practice policies;
 - 4. group type contracts. Group type contracts are contracts which are not available to the general public and can be obtained and maintained only because of membership in or connection with a particular organization or group. Individually underwritten and issued guaranteed renewable policies would not be considered group type even though purchased

through payroll deductions at the premium savings to the Insured since the Insured would have the right to maintain or renew the Policy independently of continued employment with the Policyholder;

5. the medical benefits coverage in group automobile no-fault contracts, and in traditional automobile fault type contracts to the extent that such contracts are Primary Policies; and
6. Medicare or other governmental benefits, except as provided in subsection (ii)(7) below. That part of the definition of Policy may be limited to the hospital, medical and surgical benefits of the governmental program.

ii. Policy will not include:

1. individual or family insurance contracts;
2. individual or family subscriber contracts;
3. individual or family coverage through Health Maintenance Organizations (HMOs);
4. individual or family coverage under other prepayment, group practice and individual practice policies;
5. group or group type hospital indemnity benefits of \$100.00 per day or less;
6. school Accident type coverages; these contracts cover grammar, high school and college students for Accidents only, including athletic injuries, either on a 24 hour basis or on a to and from school basis; and
7. state policy under Medicaid, and will not include a law or policy when, by law, its benefits are in excess of those of any private insurance policy or other non-government policy.

Each contract or other arrangement for coverage under (i) or (ii) is a separate policy. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate policy.

B. "This Policy" is this Policy.

C. "Primary Policy/Secondary Policy" – The order of benefit determination rules state whether This Policy is a Primary Policy or a Secondary Policy as to another policy covering the person.

When This Policy is a Primary Policy, its benefits are determined before those of the other policy and without considering the other policy's benefits.

When This Policy is a Secondary Policy, its benefits are determined after those of the other policy and may be reduced because of the other policy's benefit.

When there are more than two policies covering the person, This Policy may be a Primary Policy

as to one or more other policies, and may be a Secondary Policy as to a different policy or policies.

- D. "Allowable Expense" means a necessary, reasonable and customary item of expense for health care; when the item of expense is covered at least in part by one or more policies covering the person for whom the claim is made. When a policy provides benefits in the form of services, the reasonable cash value of each service rendered will be considered both an Allowable Expense and a benefit paid.

The following are examples of expenses or services that are not allowable expenses:

- i. If an Insured Person is confined in a private hospital room, the difference between the cost of a semi-private room in the hospital and the private room (unless the patient's stay in a private room is medically necessary in terms of generally accepted medical practice, or one of the policies routinely provides coverage for hospital private rooms) is not an allowable expense.
- ii. If a person is covered by two or more plans that compute his/her benefit payments on the basis of usual and customary fees, any amount in excess of the highest of the usual and customary fees for a specific benefit is not an allowable expense.
- iii. If a person is covered by two or more plans that provide benefits or services on the basis of negotiated fees, any amount in excess of the highest of the negotiated fees is not an allowable expense.
- iv. If a person is covered by one plan that calculates its benefits or services on the basis of usual and customary fees and another plan that provides its benefits or services on the basis of negotiated fees, the primary policy's payment arrangements will be the allowable expense for all policies.
- v. The amount a benefit is reduced by the primary policy because an Insured Person does not comply with the policy provisions. Examples of these provisions are second surgical opinions, pre-certification of admissions or services and preferred provider arrangements.

- E. "Claim Determination Period" means a calendar year. However, it does not include any part of a year during which a person has no coverage under This Policy, or any part of a year before the date this COB provision or a similar provision takes effect.

3. Order of Benefit Determination Rules

- A. General – When there is a basis for a claim under This Policy and another policy, This Policy is a

Secondary Policy which has its benefits determined after those of the other policy, unless:

- i. The other policy has rules coordinating its benefits with those of This Policy; and
 - ii. Both those rules and This Policy rules, in Sub-section B below, require that This Policy's benefits be determined before those of the other policy.
- B. Rules – This Policy determines its order of benefits using the first of the following rules which applies.
- i. Non-Dependent – the benefits of the policy which covers the person as a subscriber (that is, other than as a dependent) are determined before those of the policy which covers the person as a dependent.
 - ii. Dependent Child/Parents not Separated or Divorced – except as stated in paragraph B(iii) below, when This Policy and another policy cover the same child as a dependent of different persons, called "parents":

1. The benefits of the policy of the parent whose birthday falls earlier in a year are determined before those of the policy of the parent whose birthday falls later in that year, but
2. If both parents have the same birthday, the benefits of the policy which covered one parent longer are determined before those of the policy which covered the other parent for a shorter period of time.

However, if the other policy does not have the rule described in (1) immediately above, but instead has a rule based upon the gender of the parent, and if, as a result, the policies do not agree on the order of benefits, the rule in the other policy will determine the order of benefits.

- iii. Dependent Child/Separated or Divorced Parents – If two or more policies cover a person as a dependent child of divorced or separated parents, benefits for the child are determined in this order:

1. First, the policy of the parent with custody of the child;
2. Then, the policy of the spouse of the parent with the custody of the child; and
3. Finally, the policy of the parent not having custody of the child.

However, if the specific terms of a court decree state that one of the parents is responsible for the health care expenses of the child, and the entity obligated to pay or provide the benefits of the Policy of that parent has actual knowledge of those terms, the benefits of that Policy are

determined first. The Policy of the other parent will be the Secondary Policy. This paragraph does not apply with respect to any Claim Determination Period or Policy Year during which any benefits are actually paid or provided before the entity has that actual knowledge.

- iv. Joint Custody – If the specific terms of a court decree state that the parents will share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the policies covering the child will follow the order of benefit determination rules outlined in paragraph B(ii).
- v. Active/Inactive Member – The benefits of a policy which covers a person as an employee who is neither laid off nor retired are determined before those of a policy which covers that person as a laid off Member. The same applies if a person is a dependent of a person covered as a Member. If the other policy does not have this rule, and if, as a result, the policies do not agree on the order of benefits, this Rule (v) is ignored.
- vi. Continuation Coverage – If a person whose coverage is provided under a right of continuation pursuant to federal or state law also is covered under another policy, the following will be the order of benefit determination:
 1. First, the benefits of a policy covering the person as a Member or subscriber (or as that person's dependent);
 2. Second, the benefits under the continuation coverage.

If the other policy does not have the rule described above, and if, as a result, the policies do not agree on the order of benefits, this rule is ignored.
- vii. Longer/Shorter Length of Coverage – If none of the above rules determines the order of benefits, the benefits of the policy which covered a Member or subscriber longer are determined before those of the Policy which covered that person for the shorter term.

4. **Effect on the Benefits of This Policy**

- A. When this Section Applies – this Section 4 applies when, in accordance with Section 3, "Order of Benefit Determination Rules", This Policy is a Secondary Policy as to one or more other policies. In that event, the benefits of This Policy may be reduced under this section. Such other policy or policies are referred to as "the other policies" in 4(B) immediately below.
- B. Reduction in This Policy's Benefits – The benefits of This Policy will be reduced when the sum of:

- i. The benefits that would be payable for the Allowable Expenses under This Policy in the absence of this COB provision; and
- ii. The benefits that would be payable for the Allowable Expenses under the other policies, in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made; exceeds those Allowable Expenses in a Claim Determination Period. In that case, the benefits of This Policy will be reduced so that they and the benefits payable under the other policies do not total more than those Allowable Expenses. When the benefits of This Policy are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of This Policy.

T001BR07.01NW (05/11)

TRAVEL DELAY COVERAGE

If you are delayed on your Trip for 3 hours or more, we will reimburse you, up to the amount shown in the Schedule for reasonable additional expenses incurred by you for lodging Accommodations, meals, telephone calls, local transportation, and additional vehicle parking charges and additional pet kennel fees incurred due to the delay. We will not pay benefits for expenses incurred after travel becomes possible.

Travel Delay must be caused by or result from:

- a. delay of a Common Carrier; or
- b. loss or theft of your passport(s), travel documents or money; or
- c. Quarantine; or
- d. hijacking; or
- e. natural disaster or adverse weather; or
- f. being directly involved in a documented traffic accident while you are en route to departure; or
- g. unannounced strike; or
- h. a civil disorder; or
- i. Sickness or Injury of you or a Traveling Companion; or
- j. death of a Traveling Companion.

T001BR13.01NW (05/11)

TRIP CANCELLATION BENEFIT

Benefits will be paid, up to the amount in the Schedule, for the forfeited, prepaid, non-refundable, non-refunded and unused published Payments that you paid for your Trip, if you are prevented from taking your Trip due to one of the following unforeseeable Covered Events that occur before

departure on your Trip to you or your Traveling Companion, while your coverage is in effect under this Policy.

Should you elect to reschedule your Trip arrangements instead of cancelling due to a Covered Event, in lieu of providing benefits for the forfeited, prepaid, non-refundable, non-refunded and unused published Payments, we will pay for change fees charged by your supplier(s), up to the amount in the Schedule.

Covered Events:

1. The Sickness, Injury or death of you, your Family Member, your Traveling Companion or your Service Animal. The Sickness or Injury must first commence while your coverage is in effect under the Policy, must require the in-person treatment by a Physician, and must be so disabling in the written opinion of a Physician as to prevent you from taking your Trip (either because your condition prevents your travel, or because your Family Member, Traveling Companion or your Service Animal requires your care);
2. Common Carrier delays and/or cancellations resulting from adverse weather, mechanical breakdown of the aircraft, ship, boat or motor coach that you were scheduled to travel on, or organized labor strikes that affect public transportation;
3. Being hijacked or Quarantined;
4. Being required to serve on a jury, or required by a court order to appear as a witness in a legal action provided you, a Family Member or a Traveling Companion is not a party to the legal action or appearing as a law enforcement officer;
5. Your Home made Uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster;
6. Your Accommodations at your destination made Uninhabitable due to fire, flood, volcano, earthquake, hurricane or other natural disaster. We will only pay benefits for losses occurring within 30 calendar days after the event renders the destination Uninhabitable. For the purpose of this coverage, Uninhabitable means: (i) the building itself is unstable and there is a risk of collapse in whole or in part; (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; or (iii) immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines. Benefits are not payable if the event occurs or if a hurricane is named prior to or on your Trip Cancellation Coverage Effective Date;
7. Being called into active military service to provide aid or relief in the event of a natural disaster;
8. Your previously granted military leave being revoked. The leave must be approved prior to your coverage

- becoming effective, and official written revocation notice from your commanding officer will be required;
9. Your involuntary termination of employment or layoff (or the involuntary termination or layoff of your parent or guardian if you are a minor traveling alone), after continuous employment with the same employer for 1 year or more, provided the termination or layoff occurs 14 days or more after your coverage has taken effect. This benefit is not available to temporary employees, independent contractors, or self-employed persons;
 10. A Terrorist Act which occurs in your Scheduled Trip Departure City or in a city to which you are scheduled to travel while on your Trip, and which occurs within 30 days of your Scheduled Departure Date, provided the city has not experienced a Terrorist Act in the past 30 days prior to the effective date of your coverage;
 11. The school where you attend must extend its operating session beyond its predefined school year due to unforeseeable events commencing during the coverage effective period. The school year extension dates must fall in your Trip dates in order for this coverage to be available. Extensions due to extra-curricular or athletic events are not covered;
 12. Being required to take an academic examination on a date that has been fixed after your coverage was purchased, and the examination date falls within your Trip dates.

Limitations

This coverage is subject to the General Exclusions.

T001BR14.01NW (11/11)

TRIP INTERRUPTION BENEFIT

If your arrival on your Trip is delayed beyond your Scheduled Departure Date, or if you are unable to continue the Trip due to one of the unforeseeable Covered Events listed below that occur during your Trip dates to you or your Traveling Companion, we will reimburse you for the unused, non-refundable land or water arrangements prepaid to the Travel Supplier prior to departing on your Trip, less any refunds paid or payable, plus one of the following:

- a. Additional transportation expenses incurred to reach your scheduled destination if your departure is delayed and you leave after the Scheduled Departure Date and time; or
- b. Additional transportation expenses incurred for you to reach the final return destination of your Trip; or
- c. Additional transportation expenses incurred to rejoin the Trip in progress from the point where you interrupted your Trip.

We will also provide reimbursement for unused air arrangements, less any refunds paid or payable, provided that these are not flights scheduled to travel to your Trip destination or flights scheduled to your origin of departure on your Trip, and provided that these are not flights within 24 hours of your Scheduled Departure Date or Scheduled Return Date.

Covered Events:

1. The Sickness, Injury or death of you, your Family Member, your Service Animal or your Traveling Companion. The Sickness or Injury must first commence while your Trip Interruption coverage is in effect under the Policy, must require the in-person treatment by a Physician, and must be so disabling in the written opinion of a Physician as to prevent you from taking your Trip (either because your condition prevents your travel, or because your Family Member, Traveling Companion or your Service Animal requires your care);
2. Common Carrier delays and/or cancellations resulting from adverse weather, mechanical breakdown of the aircraft, ship, boat or motor coach that you were scheduled to travel on, or organized labor strikes that affect public transportation;
3. Being directly involved in a documented traffic accident while en route to departure on your Trip;
4. Being hijacked or Quarantined;
5. Being required to serve on a jury, or required by a court order to appear as a witness in a legal action provided you, a Family Member or a Traveling Companion is not a party to the legal action or appearing as a law enforcement officer;
6. Your Home made Uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster;
7. Your Accommodations at your destination made Uninhabitable due to fire, flood, volcano, earthquake, hurricane or other natural disaster. We will only pay benefits for losses occurring within 30 calendar days after the event renders the destination Uninhabitable. For the purpose of this coverage, Uninhabitable means: (i) the building itself is unstable and there is a risk of collapse in whole or in part; (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; or (iii) immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines. Benefits are not payable if the event occurs or if the hurricane is named prior to or on your Trip Cancellation Coverage Effective Date;
8. Being called into active military service to provide aid or relief in the event of a natural disaster;
9. Your previously granted military leave being revoked. The leave must be approved prior to your coverage

- becoming effective, and official written revocation notice from your commanding officer will be required;
10. A Terrorist Act which occurs in your departure city or in a city to which you are scheduled to travel while on your Trip, and which occurs within 30 days of your Scheduled Departure Date, provided the city has not experienced a Terrorist Act in the 30 days prior to the effective date of your coverage;
 11. The school where you attend must extend its operating session beyond its predefined school year due to unforeseeable events commencing during the Policy effective period. The school year extension dates must fall in your Trip dates in order for this coverage to be available. Extensions due to extra-curricular or athletic events are not covered;
 12. Being required to take an academic examination on a date that has been fixed while on your Trip, and the examination date falls within your Trip dates.

Limitations

Benefits payable for additional transportation expenses will not exceed the cost of airfare (the same class airfare on which you were originally booked) by the most direct route, less any refunds paid or payable.

This coverage is subject to the General Exclusions.

T001BR17.01NW (11/11)

STATE SPECIFIC COVERAGE DETAILS

FOR ARKANSAS RESIDENTS

Form T001TC01.01DOC – GENERAL PROVISIONS

The following is added to **GENERAL PROVISIONS**

Inquiries or complaints regarding this Description of Coverage may be submitted to the Arkansas Insurance Department in writing or by phone. Contact information is:

Arkansas Insurance Department
Consumer Services Division
1200 W. 3rd Street
Little Rock, Arkansas 72201-1904
Telephone: 800-8525494 or 501-371-2640

Form T001TC01.01DOC - CLAIMS PROVISIONS

The following change applies to **CLAIMS PROVISIONS**

The provision titled Legal Actions is deleted in its entirety and replaced with the following:

Legal Actions

No legal action may be brought to recover on the plan within 60 days after written Proof of Loss has been given. No such action will be brought after five years from the